| AMENDMENT TRANSMITTAL LETTER       |   |   |                                   |                         | Docket No.<br>2002.732US |  |
|------------------------------------|---|---|-----------------------------------|-------------------------|--------------------------|--|
| Application No.<br>10/517,362      |   | Filing Date<br>November 30, 2004        |                                   | Examiner                | Art Uni                  |  |
|                                    |   |   |                                   | Hui, San Ming           | R. 1617                  |  |
| pplicant(s): Hen                   | rik H De Nijs e                           | t al.                                   |                                   |                         |                          |  |
| vention: USE O                     | F NEW ETON                                | OGESTREL E                              | STERS                             |                         |                          |  |
|                                    |   | THE COMMI                               |                                   |                         |                          |  |
| ransmitted here<br>he fee has beer |   |   |                                   |                         |                          |  |
|                                    |   | CLAIM                                   | S AS AMENI                        | DED                     |                          |  |
|                                    | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                    |                          |  |
| Total Claims                       | 10  | - 20 =                                  | 0                                 | x 50.00                 |                          |  |
| Independent<br>Claims              | 3   | - 3 =                                   | 0                                 | x 210.00                |                          |  |
| Multiple Depend                    | ent Claims (ch                            | eck if applicabl                        | e)                                |                         |                          |  |
| Large Entity  X No additiona       |   |   |                                   | Small Entity            |                          |  |
| Please charg                       |   | ount No.                                | ir                                | the amount of \$        |                          |  |
|                                    |   |   |                                   | the filing fee is enclo | sed.                     |  |
| Payment by                         | credit card. Fo                           | orm PTO-2038                            | is attached.                      |                         |                          |  |
| X The Director<br>as described     |   | orized to charg                         | ge and credit                     | Deposit Account No      | 50-4205                  |  |
| x Credit ar                        | ıy overpaymen                             | t.                                      |                                   |                         |                          |  |
| Charge a                           | ny additional fili                        | ng or applicatio                        | n processing f                    | ees required under 37   | CFR 1.16 and 1.17.       |  |
| Susah Hess                         | 10ks_                                     |   |                                   | Dated:C                 | ctober 11, 2007          |  |
| Attorney/Agent                     | Reg. No.: 37,3                            | 350                                     |                                   |                         |                          |  |
|                                    |   |   |                                   |                         |                          |  |
|                                    |   |   |                                   |                         |                          |  |
|                                    |   |   |                                   |                         |                          |  |
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|                                    |   |   |                                   |                         |                          |  |